

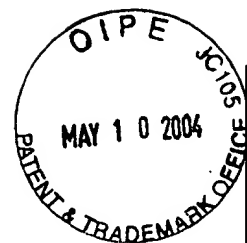
1632
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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/988496
TOTAL AMOUNT OF PAYMENT (\$) 55.00		Filing Date	November 20, 2001
		First Named Inventor	David J. Anderson
		Examiner Name	R. R. Shukla
		Art Unit	1632
		Attorney Docket No.	CTCH-P01-007

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																																																																																																																																	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																																																																																			
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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	John D. Quisel	Registration No. (Attorney/Agent)	47,874
Signature		Telephone	(617) 951-7685
		Date	May 7, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: 5/7/04	Signature: Valerie J. Sarosky (Valerie J. Sarosky)



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) CTCH-P01-007																					
In re Application of Anderson et al.																							
Application Number 09/988496		Filed November 20, 2001																					
For: ARTERY SMOOTH MUSCLE- AND VEIN SMOOTH MUSCLE-SPECIFIC PROTEINS AND USES THEREFOR																							
Art Unit 1632		Examiner R. R. Shukla																					
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input checked="" type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$</td><td>110.00</td></tr><tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td>\$</td><td></td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 47,874</p> <p>May 7, 2004 Date</p> <p>(617) 951-7685 Telephone Number</p> <p> Signature</p> <p>John D. Quisel Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input type="checkbox"/> Total of 1 forms are submitted.</p>				<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$	110.00	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$		<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$		<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$		<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$	
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